

NOV 27 2001

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Substitute for form 1449B/PTO <div style="text-align: center;"> INFORMATION DISCLOSURE STATEMENT BY APPLICANT </div> <div style="text-align: center; margin-top: 10px;"> <i>(use as many sheets as necessary)</i> </div>		<div style="text-align: center; border: 1px solid black; border-radius: 50%; padding: 5px; width: fit-content; margin: 0 auto;"> NOV 27 2001 RECEIVED BY THE EXAMINER'S OFFICE </div> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th colspan="2" style="text-align: center;">Complete if Known</th> </tr> <tr> <td style="width: 50%;">Application Number</td> <td>09/592,310</td> </tr> <tr> <td>Filing Date</td> <td>June 13, 2000</td> </tr> <tr> <td>First Named Inventor</td> <td>Upendra CHAUDHARI e</td> </tr> <tr> <td>Group Art Unit</td> <td>Unassigned</td> </tr> <tr> <td>Examiner Name</td> <td>Unassigned</td> </tr> <tr> <td>Attorney Docket Number</td> <td>YOR920000167U!</td> </tr> </table>		Complete if Known		Application Number	09/592,310	Filing Date	June 13, 2000	First Named Inventor	Upendra CHAUDHARI e	Group Art Unit	Unassigned	Examiner Name	Unassigned	Attorney Docket Number	YOR920000167U!
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Examiner Signature	<i>Plt LFL</i>	Date Considered	<i>31.9.04</i>
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¹ Unique citation designation number. ² Applicant is to place a check mark here if English language Translation is attached.

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